“Essentials for Data Quality”

Data Quality Management Control Program
TRICARE Data Quality Course

September 2011

Course Topics

- Ambulatory Data Module (ADM)
  - A Sub-System of CHCS
- Visit Workload vs Encounter Services
- ADM and AHTLA Processes
- Coding Table Update Coordination
- Data Flows, Compliance and Errors! Oh My!
- "Tune-Up" Your Processes…

First There Was …

The "Bubble" Sheet…

DO NOT WRITE IN THIS SPACE

DO NOT USE PENS THAT HAVE "BLEED THROUGH" INK

DIAGNOSES

ICD Code #1 | ICD Code #2 | ICD Code #3

Diagnosis: Description

Diagnosis: Description

Diagnosis: Description

PROCEDURES

OTHER PROCEDURES/EVALUATION & MGMT

CPT Code #1 | CPT Code #2 | CPT Code #3

Procedure: Description

Procedure: Description

Procedure: Description

NEW PRIMARY PROVIDER

PROVIDER NUMBER

INSURANCE INFORMATION

Do You Have HEALTH INSURANCE Other Than MEDICARE Or CHAMPUS? Yes No

Has Any Information Changed Since Your Last Visit? (If Yes, Please Make Changes) Yes No

Insurance Company Name: Phone No.:

Insurance Company Address:

Insurance ID No.: Group Name: Group No.:

Subscriber's Name: Patient's Relationship to Subscriber:

ADDITIONAL PROVIDER

PROVIDER NUMBER

PROVIDER ROLE

Assisting Provider

Supervising Provider

Nurse

Para-Professional

ADDRESS CHANGES/CORRECTIONS

Name: SSN:

Address:

City:

State: Zip:

Patient Cat.: Other:

Home Phone No.: ( )

Work Phone No.: ( )

Sponsors Work Phone No.: ( )

ADDITIONAL PROVIDER

PROVIDER NUMBER

PROVIDER ROLE

Assisting Provider

Supervising Provider

Nurse

Para-Professional

FOR OFFICIAL USE ONLY

FMP | SPONSOR SOCIAL SECURITY NUMBER | TIME | DATE MO. DAY YR.

And Now…

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh Add Note Add Providers Templates Sign Save As Template Close

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1959

NKA Options

Folder List

- CHCS-I
- Immunizations Adm
- ALEXANDER, VIOLET
  - Demographics
  - Health History
    - Problems
    - Meds
    - Allergy
    - Wellness
    - Immunizations
    - Vital Signs Rev
    - PKC Couplers
    - Readiness
    - Patient Questic
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encounte
  - Flowsheets
  - Current Encounter
    - Screening
    - Vital Signs Entr
    - S/O
    - A/P
    - Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

Date: 09 Nov 2004 0930 EST | Status: In Progress | MTF: CHCSII ITT Facility
Primary Provider: USER, TEST | Type: ACUT$ | Clinic: CHCSII ITT Clinic
Patient Status: Outpatient

Reason for Appointment: cough & fever HTN followup
Appointment Comments:
middle age illnesses/perimenopause

AutoCite... AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems	Active Family History	Allergies
• ESSENTIAL HYPERTENSION • METRORRHAGIA • IRON DEFICIENCY ANEMIA	No Active Family History Found.	No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Active	QD	6 of 6	Not Recorded
HCTZ (ESIDREX/ORETIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

Hemoglobin A1c (Diabetes CPG) (Goal: <8)	6 Jun 2004 8.3 mg/dl	14 Apr 2004 8.9 mg/dl	21 Jan 2004 8.7 mg/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100)	14 Apr 2004 114 mg/dl		

Screening — Screening Written by USER, TEST @ 02 Dec 2004 2318 EST
Reason For Appointment: cough & fever

Vitals — Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST
BP: 122/66, HR: 72,

S/O

A/P — A/P Written by USER, TEST @ 03 Dec 2004 1027 EST
1. Patient Counseling:: Adequate Calcium Counseling Complet
Laboratory(ies): HGB A1C (Routine); LIPID PA

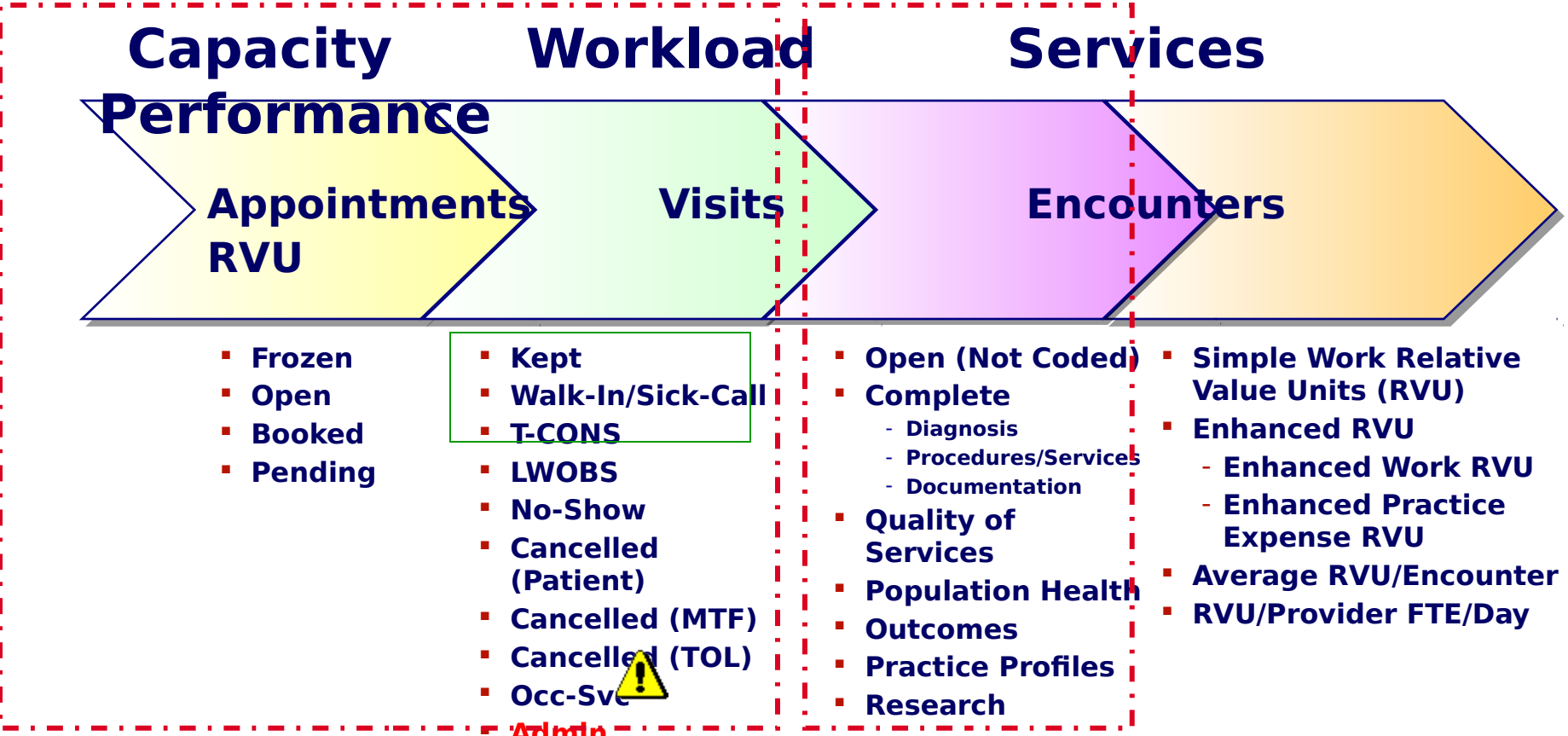
USER, TEST in CHCSII Test Clinic at CHCSII ITT

Training Use Only

Objectives

- Recognize the increasing pressure to analyze and to utilize various data sources to measure health care related services, quality, costs, performance and outcomes.
- Focus on the practical skills needed to "Transform Data Into Action", utilizing clinical data from CHCS ADM (or M2)
- Outline business rules and analysis techniques that can be applied to the data to identify the consistency of underlying clinical processes, performance trends and various data capture/quality issues.

Capturing Clinical Services



Focus Shifting from "Counting Visits" to Measuring Work/Services Provided

Visits vs Encounters

- **An "ENCOUNTER" captures services provided:**
  - Reason for seeking care
  - Where the services were provided
  - Level of Medical Decision Making/Complexity
  - Clinical services provided
  - Identifies Staff (By Name) providing the services
    - Provider Seen
    - Clinical Service
    - Provider Medical Specialty/HIPAA Taxonomy
  - Both COUNT and NON-COUNT Visits are Encounters
- **DQMCRL Statement C. 9. a):**
  - - # CAPER (Encounters)* / # KEPT Appointments

Encounter Data Elements

- **ICD-9-CM Coding – Why the Patient was seen?**
  - Chief Compliant and Diagnoses
- **CPT Coding – What was done to address the patient problem?**
  - Physician/Provider Services/Procedures that supports capture of RVU
  - Modifiers (explain additional details about the Service or Procedure)
  - Units of Service
- **HCPCS Coding - What additional services/supplies were provided?**
- **Evaluation & Management Coding (CPT Coding):**
  - Setting
    - Office, Inpatient Professional Services (IPSR), Emergency, Preventive Service, Inpatient/Outpatient Consults, etc.
  - Level of Services
    - Complexity (Minimal, Low, Moderate, or High)
  - Age Band
    - Preventive Services/Wellness

Additional Details

- **HIPAA standard data elements:**
  - Cause of Injury (and associated elements)
  - Geographic Location of Injury (Motor Vehicle Accidents)
  - Pregnancy Related (and associated elements)
  - HIPAA Provider Taxonomy
- **Secondary Providers:**
  - Assisting, Supervising, Nursing, Para-Professional, etc.
- **Additional E&M Codes (up to 2 Additional E&M Codes)***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)***
- **CPT Code Modifiers (up to 3 – per CPT Code)***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
  - V70.5 4 PRE-DEPLOYMENT EXAMINATION
  - V70.5 5 DURING DEPLOYMENT EXAMINATION
  - V70.5 6 POST-DEPLOYMENT EXAMINATION
  - V70.5 D PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
  - V70.5 E INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
  - V70.5 F POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900
  - V70.5 G GWOT/WOUNDED WAR EXAM
- **Encounter Disposition (Inpatient Services and Ambulatory Disposition Types)**

Encounter Data Capture

```
                                ADM Patient Encounter          DATA FROM CHCSII
SNNNNNNNN,NNNNNN NNNNN            01/800-00-0000               AGE:6m
____________________________________________________________________________________
Appt Date/Time : 16 Feb 2011@0830     Type: WELL            Status: KEPT
Clinic: CHC-TEAM CONFIDENCE          MEPRS: BGAI  Injury/Accident Related: No
  In/Outpatient: Outpatient              PV: No          Pregnancy Related: No
  Appt Provider: CASH,DANIEL GLEN                  Appt Prov Taxonomy: 207Q00000X
  Appt HCP Role: 1   ATTENDING
Additional Providers: Yes
    Disposition: RELEASED W/O LIMITATIONS
====================================================================================
  ICD-9      Dx Description                                          sity
------------------------------------------------------------------------------------
  V20.2      ROUTINE INFANT OR CHILD HEALTH
  V06.9      NEED PROPHYLACTIC VACCINATION
  V03.82     PROPHY VAC AGNST STREPT PNEUMO
  V04.89     NEED PROPH VACC&INOC OTH VIR

------------------------------------------------------------------------------------
 Chief Complaint: V20.2      ROUTINE INFANT OR
```

- **Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)**
- **Only "Encounter" related data elements can be updated in ADM**
- **Visit and Workload data must be updated in CHCS PAS/MCP**
- **ADM displays CHCS II (AHLTA) as the source of the Encounter Coding**
- **Changes made in ADM do not update AHTLA**

Additional Providers

```
                    ADM Patient Encounter - Additional Providers
SNNNNNNNN,NNNNNN NNNNN          01/800-00-0000                  AGE:6m
_____________________________________________________________________________
Appt Date/Time : 16 Feb 2011@0830     Type:  WELL           Status: KEPT
         Clinic: CHC-TEAM CONFIDENCE                        MEPRS : BGAI
=============================================================================

Additional Providers              Order Role                        Taxonomy Code
-----------------------------------------------------------------------------
  CASH,DANIEL GLEN                 1    1   ATTENDING                207Q00000X
  GIORDANO,ANGELA M                2    4   NURSE                    163W00000X
```

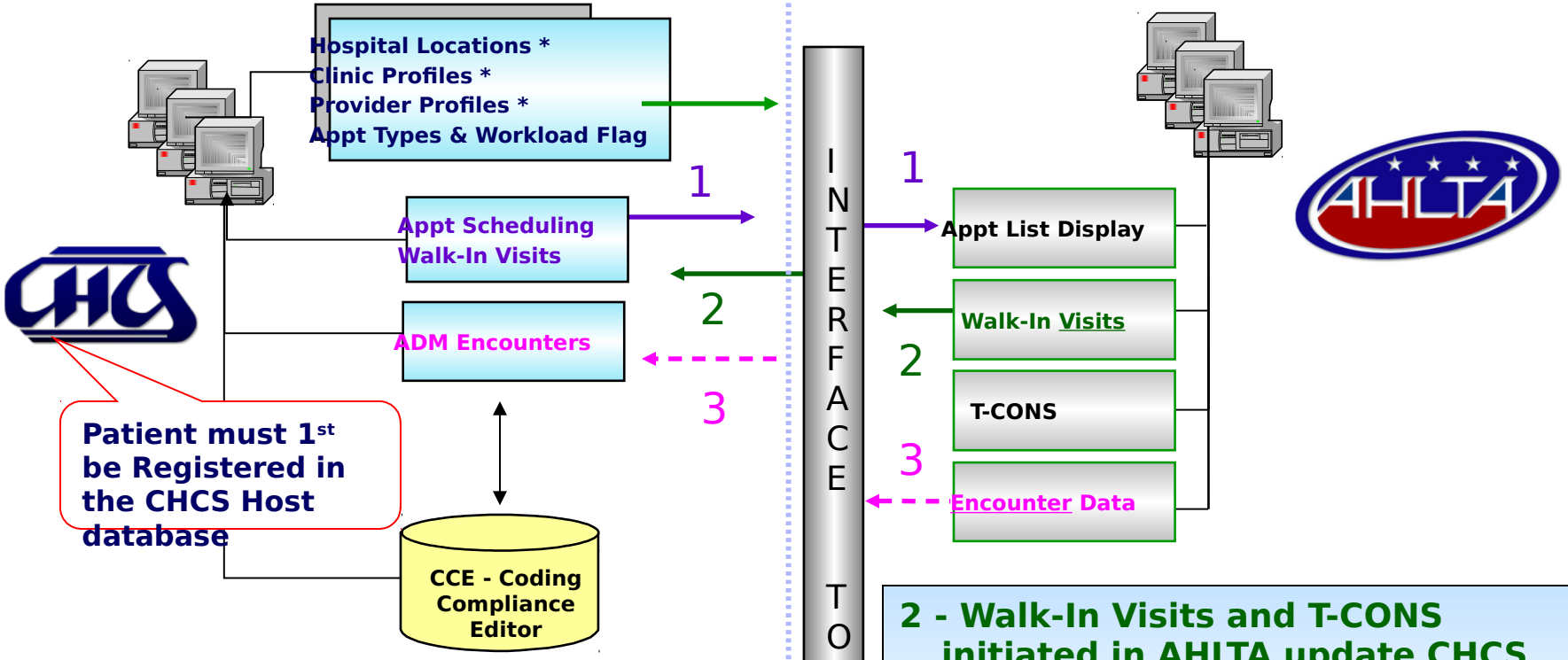
Additional Coding Details

```
                    ADM Patient Encounter - CPT/HCPCS Code Enter/Edit
SNNNNNNNN,NNNNNN NNNNN          01/800-00-0000                  AGE:6m
____________________________________________________________________________

Appt Date/Time : 16 Feb 2011@0830     Type:  WELL           Status: KEPT
         Clinic: CHC-TEAM CONFIDENCE                        MEPRS : BGAI
==============================================================================
  ICD-9     Dx Description                                 Priority
------------------------------------------------------------------------------
  V20.2      ROUTINE INFANT OR CHILD HEALTH                  1
  V06.9      NEED PROPHYLACTIC VACCINATION                   2
  V03.82     PROPHY VAC AGNST STREPT PNEUMO                  3
  V04.89     NEED PROPH VACC&INOC OTH VIR                    4
================================================ Dx Lvl ========================
CPT/HCPCS Description                                 1-4   Mod1 Mod2 Mod3 HCP Units
------------------------------------------------------------------------------
  90472  IMMUNIZATION ADMIN;EA ADD VACC               23                    12   1
  90698  DTAP-HIB-IPV VACCINE, IM USE                 2                     12   1
  90670  PNEUM CON VACC,13 VAL,INTRAMU                3                     12   1
  90473  IMMUNIZ ADM INTRANAS/ORAL                    4                     12   1
  90680  ROTAVIR VACC,3 DOS SC                        4                     12   1
                                                      2                     12   1
                                                      3                     12   1
                                                      4                     12   1
                                                      4                     12   1
```

- **Links Dx Levels to CPT Coded Procedures**
- **Indentifies Procedure Provider**
- **Captures Modifiers and Units of Service**
- **Units of Service used as a multiplier for Enhanced RVU (Work and Practice Expense) calculations and Billing**

Visit/Encounter Data Flow



* - CHCS Files and Tables shared with AHTLA to capture Visit Workload and Encounter Services

1 - Scheduled Appointments and Walk-Ins sent to AHLTA

2 - Walk-In Visits and T-CONS initiated in AHLTA update CHCS Patient Appointment (PAS) for Visit Workload reporting

3 - Encounters completed in AHLTA update CHCS ADM

4 - Completed encounters sent to CCE for Audit Review/Update -> Billing Release

Encounter Data Flow

- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services based on:**
  - Clinical Encounter data entered directly into ADM
  - "Written Back" from Signed (Completed) AHLTA Encounter Notes
    - ADM can be used to update Encounter Coding – BUT!!! ADM does not update AHLTA
  - Updated from the Coding Compliance Editor (CCE)
    - CCE can be used to update Encounter Coding, but CCE does not update AHLTA
- **Prepares daily batch ASCII (Text) data extract files:**
  - Standard Ambulatory Data Record (SADR - Ends as of 1 Oct 2011)
  - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the "SADR Re-Design" or Expanded SADR Extract
  - FY12 will fully transition to the CAPER
  - Coding Compliance Editor (CCE) Extract
  - Billing data extracts for:
    - Medical Services Accounting (MSA)
    - Third Party Outpatient Collections System (TPOCS)

Encounter Data Extracts

DATA ELEMENT	SADR 5	CAPER 13	BILLING
HIPAA standard data elements:			
Injury Related Cause Codes	No	Yes	Yes
Geographic Location of Injury (Motor Vehicle Accidents)	No	Yes	Yes
Pregnancy Related (and associated elements)	No	No	Yes
HIPAA Provider Taxonomy	Yes	Yes	Yes
ICD-9 Diagnosis Code (1-4)	Yes	Yes	Yes
ICD-9 Diagnosis Code (5-10)	No	Yes	Yes
Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)	Yes	Yes	Yes
CPT/HCPCS Codes 1-4	Yes	Yes	Yes
CPT /HCPCS Codes 5+	No	Yes	Yes
CPT/HCPCS Code Units of Service (per CPT Code)	No	Yes	Yes
CPT/HCPCS Code Modifiers (up to 3 – per CPT Code)	No	Yes*	Yes
E&M (CPT) Code	Yes	Yes	Yes
Additional E&M Codes (up to 2 Additional E&M Codes)	No	Yes	Yes
Additional Secondary Providers	Yes	Yes	
Workload Flag (COUNT or NON-COUNT)	No	Yes	N/A
Source System Indicator (ADM or CHCS II)	Yes	Yes	N/A

Yes* - Modifier -50 for Bilateral Services is billed at twice the CHAMPUS Maximum Allowable Charge (CMAC) Rate, however, Modifiers are not used to calculate Enhanced RVU

Data Extract Processing

- **The CAPER is a daily batch extract ASCII (Text) File for each MTF DMIS ID that contains patient level data for:**
  - Ambulatory Clinic Encounters
  - Ambulatory Procedure Visits (APV) Encounters
  - Inpatient Consults (Not associated with the Attending Clinical Service)
  - Inpatient Attending Provider Professional Services (IPSR-RNDS*)
- **The SADR Nightly Process is scheduled in CHCS to run at ~2030 – 2130 each night:**
  - Includes ADM & AHLTA completed encounters
  - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services (that met the 3 Day Billing "Hold") and CCE Review/Release to Billing, are sent by CHCS to:**
  - CHCS Medical Services Accounting (MSA)

SADR/CAPER Transmission

Divisions Producing SADR and TPOCS Data Extracts

Division	TPOCS	DMIS ID	Group DMIS ID
WOMACK AMC FT BRAGG NC	Yes	0089	0089
POPE HEALTH CLINIC	Yes	0634	0089
ROBINSON HEALTH CLINIC	Yes	7143	0089
USAOHC FT. BRAGG	Yes	0570	0089
OCC HLTH NSG, SUNNY POINT	Yes	0576	0089
FT BRAGG MCSC CONTRACTOR PCM	Yes	8009	6902
JOEL AHC - FT. BRAGG	Yes	7286	0089
CLARK HEALTH CLINIC	Yes	7294	0089

ICD-9 Download Year: 2011
CPT-4 Download Year: 2011

- **The CHCS-ADM System Manager Menu controls which MTF Divisions and Clinic Locations on the CHCS Host Platform will produce a SADR Extract File**
- **When a new DMIS (Division) is added, the SADR Extract status must also be set**
- **The SADR Nightly Task will create a SADR Extract File for each DMIS (Division) listed**

Coding Compliance

- **Timeliness is a key element of Data Quality**

DQMCRL B. 6. a)

a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?

b) What percentage of APVs have been coded within 15 calendar days of the encounter?

- **Ambulatory Encounter Compliance is based Business Days elapsed from the Date of the Encounter, until the record is Complete**
- **APV Compliance is based on Calendar Days**
- **AHLTA/ADM "Write-Back" errors have impacted Coding Compliance measures – Most issues now resolved**
  - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when there are issues with the Local Cache Server Synch Manager or Providers continue to use obsolete ICD-9 and CPT Codes

ADM Reports Menu

- **From your CHCS Main Menu:**
  - Type “ADS” to access the Ambulatory Data Module (ADM)
  - ADM is a Secondary Menu Option
  - CHCS Secondary Menus allow access across CHCS Sub-Systems

```
STYL   User Prompt Style
   1      Appointments with No ADM Records by Clinic
   2      ADM Patients with 3rd Party Insurance
   3      ADM Compliance Report
   4      ADM Records with Unresolved Coding Issues
   5      Interface Transmission Status of ADM Record
   6      Encounter Summary Report by Clinic/Provider
   7      For Clinic Use Only Report
   8      Encounter Specific Code Report by Clinic/Provider
   9      Top Number Encounter Report
   10     Appointment/Encounter Count Report
   11     Patient Encounter Records Report
```

- **Reports status Encounter Coding Completion By Provider and Clinic**
- **Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times that may impact Coding Completion/Compliance**

Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// O
Select DMIS ID: 0089  0089        WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
        or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jan 2010//   (Jan 2010)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JAN10
```

- **Choose One, Multiple or All DMIS**
- **Choose "No" to Summarize by Provider for Summary Report**
- **Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL**
- **Enter Q to Queue the Report Task**
- **Enter SPOOL to save the report to a Text File in CHCS (Capture and/or Print)**

Capture Text->Import Excel

20 Apr 2010@0854 For Official Use Only Page 1
Ambulatory Data Module

ADM Compliance Report by Clinic
From: Mar 2010 Thru: Mar 2010

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
0089 BABA ALLERGY	789	767	22	97
0089 BCBA ANTE-PARTUM IN L&D	968	957	11	99
0089 BCB5 APU OB/GYN	86	86	0	100
5450 BAGM APV-GASTRO MOORE REG	1	0	1	0
0089 BFFA ASAP-82ND	470	464	6	99
0089 BFFA ASAP-CLARK	421	421	0	100
0089 BFFA ASAP-JOEL	602	602	0	100
0089 BHDA AUDIOLOGY	146	146	0	100
7286 BHDN AUDIOLOGY-JOEL CLINIC	23	23	0	100
0089 BBAA BARIATRIC SURGERY	218	218	0	100
0089 BFBA BIOFEEDBACK	65	63	2	97
0089 BBAA BREAST HEALTH CLINIC	183	182	1	99
0089 BACA CARDIOLOGY	649	631	18	97
0089 BAC5 CARDIOLOGY APV	7	7	0	100

- **Report Run Monthly by ADM System Administrator and Clinical Data Services**
- **Import into Excel and match with M2 encounters**

Daily Compliance Reporting

Classification: UNCLASSIFIED

Caveats: FOUO

1. ADM compliance rate for **7 Sep**: 97.09% with 128 outpatient encounters open (noncompliant - close ASAP). See attachment sAdmOpen for identification of providers with open encounters.

Highest number of open encounters:

BBAA	GEN SURG CLNS	21
BGAA	WFM	20

2. ADM compliance rate for **8 Sep**: 93.90% with 273 outpatient encounters open (must be closed by COB).

Highest number of open encounters:

BCBA	OB/GYN CLNS	39
BEEA	ORTHOPEDICS	32
BGAA	WFM	29
BBAA	GEN SURG CLNS	23
BEEA	ORTHO APPL	20
BGAR	RHC	12
BACA	CARD	12
BFBA	PSYCHOLOGY CLNS	11
BFEA	WTB SOC WK	11
BDAA	WAMC PEDS	10

3. Reports are completed for each workday (excluding Saturdays/Sundays/Federal Holidays) for KEPT, S-CA & WALK-IN appointments -- does not include APVs, APUs, OBSs, T-CONS & IBWAs. IAW MEDCOM/MEDCEN policy on hundred percent (100%) of outpatient encounters (excluding APVs, APUs, OBSs & IBWAs) must be completed within three (3) business days of the encounter.

- **Prepared by Clinical Operations Division**
- **Daily @ 0600**
- **Sent to all Departments**

Close Days Measure

FY-11 CHC Weekly Update
As of 12 Sep @ 0500

MONTH	(Multiple Items	< SELECT
FCC	(All)	< SELECT
HCP_SIG	(All)	1 = RN/TECH

ADM Open

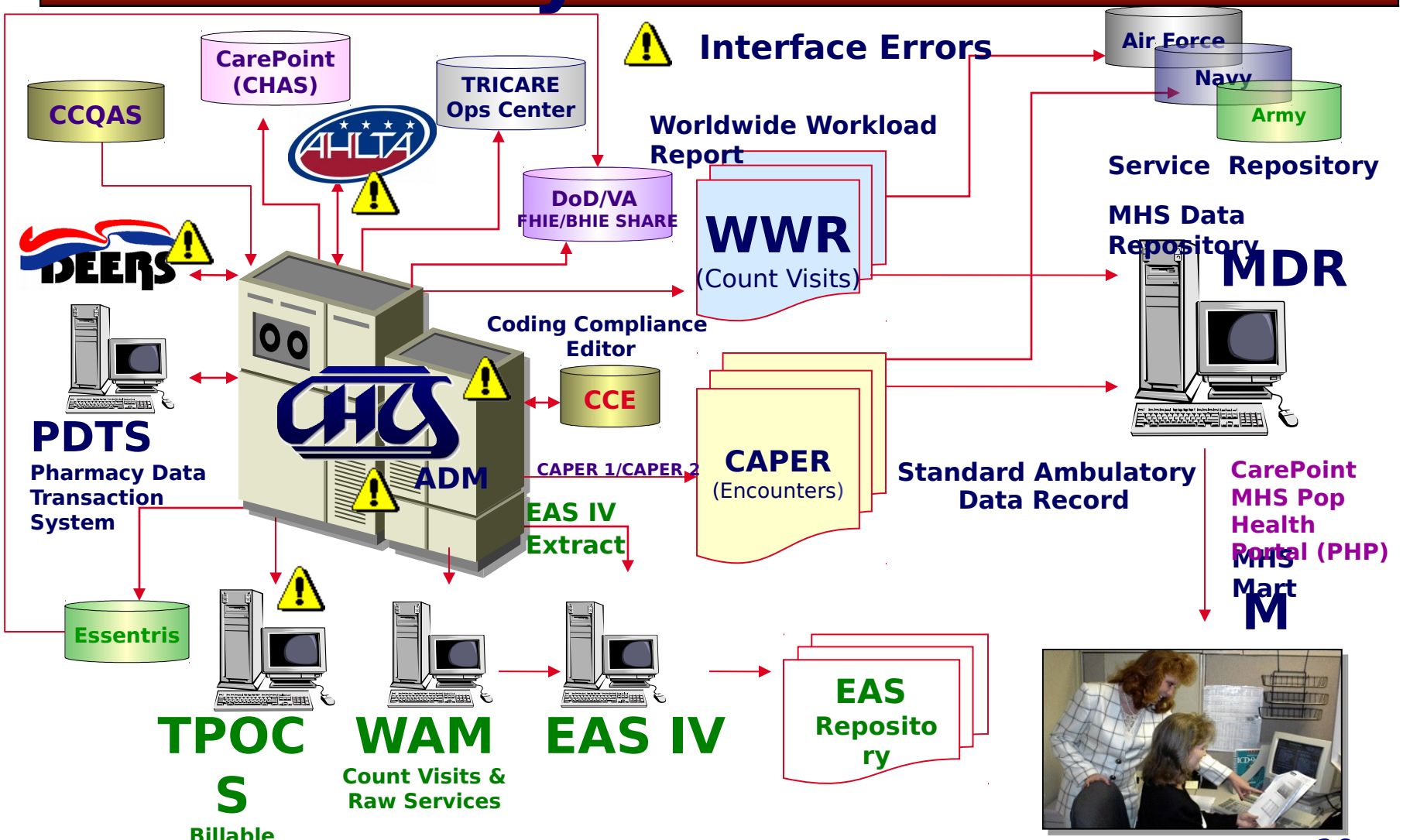
HCP	SPEC_TYPE	CLINIC_LOC	TYPE	APPT_STATUS	ENC_DATE	EM_CODE	ICD1	Total	WORK DAYS OPEN	QUICK CHART
	(001) MD	CHC-TEAM FREEDOM	T-CON*	OCC-SVC	7/12/2011 14:21	(blank)	(blank)	1	46	
	(001) MD	CHC-TEAM BRAVERY	T-CON*	OCC-SVC	7/20/2011 11:46	(blank)	(blank)	1	40	
	(040) MD	PEDIATRICS-CLARK	ACUT	KEPT	8/19/2011 13:10	(blank)	(blank)	1	18	
			T-CON*	OCC-SVC	8/4/2011 15:04	(blank)	(blank)	1	29	
					8/5/2011 8:23	(blank)	(blank)	1	28	
					8/15/2011 12:03	(blank)	(blank)	1	22	
					8/16/2011 14:28	(blank)	(blank)	1	21	
					8/19/2011 14:44	(blank)	(blank)	1	18	
					8/23/2011 10:12	(blank)	(blank)	1	16	
					8/30/2011 10:02	(blank)	(blank)	1	11	
					8/30/2011 15:31	(blank)	(blank)	1	11	
	(900) LPN/TECH	CHC-TEAM ADMIRATION	T-CON*	OCC-SVC	8/11/2011 8:39	(blank)	(blank)	1	24	
					8/11/2011 9:24	(blank)	(blank)	1	24	
					8/12/2011 14:10	(blank)	(blank)	1	23	
					8/12/2011 14:40	(blank)	(blank)	1	23	
					8/12/2011 14:49	(blank)	(blank)	1	23	
					8/12/2011 14:56	(blank)	(blank)	1	23	
					8/12/2011 15:05	(blank)	(blank)	1	23	
Grand Total								18		

- **Calculate difference between DATE LAST EDITTED-Date of Service**
- **Completed Encounters must have at least 1 ICD-9 Code**

Interface Error Reports

1. **AHLTA/ADM Write-Back Error Report (AHLTA Server)**
   - Coordinate with your AHLTA System Admin to run the report
   - ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
     - AHLTA encounter not accepted or received by ADM
     - SADR/CAPER not created
     - Encounter not sent to TPOCS, CCE or EAS
     - Impacts 3-Day Coding Compliance
     - Not all AHLTA WB Errors appear on the AHTLA/ADM Write Back Error Report
     - Some Encounters may have multiple Error conditions
2. **ADM Interface Status of ADM Records Report (ADM Report)**
   - CHCS ADM Menu Option Report #5
   - **Errors** – Encounter failed SADR edits – Not sent in SADR or to CCE
3. **ADM SADR Error/Warning Report (ADM Sys Mgr Report)**
   - Errors listed will prevent a SADR from being created
   - Warnings will still be included in the SADR
4. **CCE Detailed Interface Error Report (ADM Sys Mgr Report)**
   - CHCS Menu Option within ADM System Manager Menu Option
   - Report of CCE functional errors
   - ADM not updated to generate updated SADR
   - Billable encounters not available to submit for billing

Data, Data Everywhere…



Write-Back Error Report

ADM Write Back Errors						
Mar-10						
Count of APPT IEN		Years	APPOINTMENT DATE			
		2010				Grand Total
APPT TYPE	EXCEPTION TEXT	Jan	Feb		Mar	
ACUT	At least 1 ICD9 code must be present.			1	24	25
	'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference.				2	2
	'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.				1	1
ACUT Total				1	27	28
ACUT$	At least 1 ICD9 [illegible] must be present.				2	2
ACUT$ Total					2	2
EROOM	At least 1 ICD9 cod[illegible] be present.	1				1
	Test encounter will no[illegible] nto ADM for Write. RILY-144852 TRANSACTION ID=168081656				1	1
EROOM Total		1			1	2
EST	At least 1 ICD9 code must [illegible]	2		5	199	206
	'V72.6' is not a valid value for [illegible] 72.6' cannot be found in the 'ICD9' code reference.				3	3
	'V80.0' is not a valid value for IC[illegible] cannot be found in the 'ICD9' code reference.				1	1
EST Total		2		5	203	210
EST$	At least 1 ICD9 code must be prese[illegible]				14	14
EST$ Total					14	14
ROUT	At least 1 ICD9 code must be present.				30	30
	'V68.8' is not a valid value for ICD CODE. [illegible] the 'ICD9' code reference.				1	1
	'V72.6' is not a valid value for ICD CODE. 'V7[illegible] ICD9' code reference.				3	3
ROUT Total					34	34
ROUT$	At least 1 ICD9 code must be p[illegible]					1
ROUT$ Total						1
SPEC	At least 1 ICD9 code must b[illegible]					64
	'V80.0' is not a valid value for [illegible]					1
SPEC Total						65
WELL	At least 1 ICD9 code must b[illegible]					2
WELL Total						2
Grand Total						**358**

- **Report run from the AHLTA Local Cache Server**
- **Providers/Staff must update AHLTA Favorites Lists and Personal Templates to the new ICD/CPT Codes**
- **Encounters completed for "BTST" or "QQQ" (Test Patients) are not written back**
- **At least 1 ICD-9 Diagnosis Code must be present**
- **Some encounters may have more than one error condition**
- **Errors resolved in CHCS ADM will still appear on the**

SADR Error/Warning Report

- **Menu Path:**
  - ADM Main Menu
  - #4 Ambulatory Data Collection Manager Menu
  - #6 ADM Data Extract Error Menu
  - #2 ADM SADR Error Report

- Errors listed will prevent a CAPER from being created
- Warnings will still be in the CAPER

Error/Warning Report

```
                    ADS INTERFACE ERROR/WARNING REPORT 23 Apr 2010@1247
                           17 Apr 2010 - 23 Apr 2010@2400 Page 1
CLINIC   PATIENT             APPT DATE/TIME      PROVIDER
-------------------------------------------------------------------------------
EFMP-PEDIATRICS PATIENT NAME      19 Apr 2010@1324 PROVIDER,SSSSSSS
ERR: 209 Appt_status not SADR/CAPER eligible.
EFMP-PEDIATRICS PATIENT NAME      19 Apr 2010@1325 PROVIDER,SSSSSSS
ERR: 209  Appt_status not SADR/CAPER eligible.
OUTPT NUTRITION CLIN PATIENT NAME      20 Apr 2010@1300 PROVIDER,VVVVVV
ERR: 209  Appt_status not SADR/CAPER eligible.
WFM-TEAM INTEGRITY PATIENT NAME   20 Apr 2010@1550 PROVIDER,KKKKKKKK
ERR: 209  Appt_status not SADR/CAPER eligible.
ASAP-JOEL PATIENT NAME            22 Apr 2010@1030 PROVIDER,AAAAAA
ERR: 209  Appt_status not SADR/CAPER eligible.
ASAP-JOEL PATIENT NAME            22 Apr 2010@1030 PROVIDER,DDDDDDDDD
ERR: 209  Appt_status not SADR/CAPER eligible.
```

What Happened ??

- AHLTA User updated the Appt Status to No-Show or Cancel
- A CHCS User changed the status to ADMIN AFTER ADM included the Encounter in the SADR causing a 209 Error.
- Changing the Status to ADMIN AFTER the SADR is processed "breaks" key pointers in CHCS
- CHCS Appointment Audit Trail captured the updates….

```
                        CHCS APPOINTMENT AUDIT
Many of the 209 errors are caused by this:
07 Oct 2009@0830 PSYCHOLOGY-JOEL PROVIDER,DDDDDDD
1 STAFF,CHARLES    10 Sep 2009@1511    PENDING
2 MIDTIER,BRAGG    07 Oct 2009@0954    NO-SHOW
3 STAFF,CHRISTY    08 Oct 2009@0911    ADMIN
-------------------------------------------------------------
02 Oct 2009@1500 MEN HLTH /RHC PROVIDER,OOOOOOOO
1 STAFF,TONYA      23 Sep 2009@1133    PENDING
2 MIDTIER,BRAGG    25 Sep 2009@1031    CANCEL
3 STAFF,TONYA      01 Oct 2009@1205    ADMIN
---------------------------------------------------------------
01 Oct 2009@0900 NEUROLOGY CLINIC PROVIDER,LLLLLLLLL
1 STAFF,JAKE B     28 Sep 2009@0845    PENDING
2 MIDTIER,BRAGG    30 Sep 2009@1509    CANCEL
3 STAFF,JAKE1      Oct 2009@0747  ADMIN
```

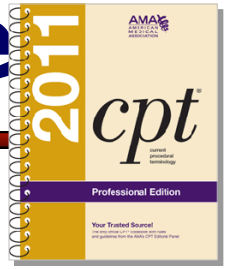
ADMIN Status – Same Day

- An Appointment can be set to ADMIN Status, using CHCS End of Day

```
                        CHCS APPOINTMENT AUDIT
1   USER,CLINIC H       04 Apr 2011@1058     PENDING
2   MIDTIER,BRAGG       06 Apr 2011@1424     NO-SHOW
3  USER,UPDATE VISIT        06 Apr 2011@1912     ADMIN
-------------------------------------------------------------
```

- Duplicate Visits identified the Same Day as the Date of Service, can be changed using CHCS End of Day to a Visits Status of ADMIN – IF changed on the Same Day
- If the Duplicate Visit is identified the next day, the only valid option is to change to MTF Cancel
- Changing the Visit Status the next day to ADMIN will result in a ADM Error 209, that cannot be resolved by either MTF Staff or Tier III Support for CHCS.

Coding Table Update



- **CPT/HCPCS – Updated per Calendar Year**
  - **Effective 1 Jan**
  - MTF updates synchronized for AHLTA, CHCS and CCE
  - CPT/HCPCS automatically sent to TPOCS from CHCS
  - Use CHCS or M2 to identify Obsoleted Codes used - to identify impact and reduce “Obsolete” ICD-9 Code Write-Back errors
  - Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups

- **ICD-9 – Updated per Fiscal Year**
  - **Effective 1 Oct**
  - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS
  - Use CHCS or M2 to identify obsoleted codes used - to identify impact and reduce “Obsolete” coding AHLTA Write Back errors

CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates

The “99499” Placeholder

- **June 2005:**
  - E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
  - E&M Code was no longer required for NON-COUNT Visits
    - Remember! – IPSR RNDS* are NON-COUNT Visits
  - TPOCS still requires the “99499” Placeholder

Current recommendation:
Continue to enter the “99499” E&M Code Placeholder in ADM

Womack Army Medical Center

Coding/Data Quality Review

REPORT	DESCRIPTION	LINK
1 - Allied & Mental Health Penalty	**Mis-Coded Allied & Mental Health Encounters resulting in PBAM Penalties**	**Allied & Mental Health Penalty Report**
2 - RN Scope of Practice	**RN Encounters with invalid E&M Coding** Results in overstated RVU and documentation of Independent Practice	**RN Scope of Practice**
3 - No RVU Value Encounters	**Encounters that will result in Zero RVU** Encounters with 99499 or Null E&M Codes and No CPT Coded Procedures	**No RVU Value Encounters**
4 - Encounters with Admin Coding	**Clinical Encounters with Administrative Dx Coding** Screens Provider and RN Encounters with Admin Dx	**V68.89 Review**
5 - Consult E&M Coding	**Encounters with Consult E&M Codes** Effective 1 Jan 11 – Consult E&M Codes are no longer valid	**Consult Coding**
6 - AHTLA Utilization	**Encounter Summary based on Source System** Source System is determined based on the first application (CHCS or AHTLA) to complete the encounter	**AHLTA Utilization**
7 - DEM Quick Look	**Encounters flagged for Review** Weekly update of DEM Quick Look Stats and Errors Invalid Provider, Workload Flag and Open Encounters	**DEM Quick Look**
8 - UBO Billables Preview	**Encounters with OHI, MSA and DD7A Billing Flags** Based on Billing Status when the encounter is complete in CHCS ADM (Does not include CCE Review Status)	**UBO Billables Preview**
9 - IBWA/IPSR Coding	**Attending Provider RNDS* Coding Review** Encounters Coded based on Attending Provider Notes	**IPSR/RNDS Coding Review**

99499 – No CPT Code

FY-11 DEPT 99499 - NO CPT-1				
As of 12 Sep @ 0500				
* Excludes T-CONS				
Both 99499 & Null E&M				
Jul-Aug-Sep Refresh				
Avg RVU/Encounter	2.12			
PPS Standard Value of Care/RVU	$ 36.61			
Providers				
EM_CODE	(All)			
WORKLOAD	COUNT			
HCP_SIG	3			
SRC_SYS	(All)			
Estimated Loss	$20,956	$50,[illegible]	[illegible]48,043	$119,214
Count	Month			
DEPT	Jul-11	Aug-11		Grand Total
AMH_FAY	28	12		47
AMH_HM	8	22		36
ASAP	31			
DEM	97			
DO&R	6			
DOBH	47	96	22	165
DODH	6	178	78	262
DOM	47	41	18	106
Grand Total	270	647	619	1,536

Check for BOTH 99499 and Blank E&M for KEPT, WALK-IN & S-CALL Visits

Source: CHCS Encounter Detail Query

RN/LPN E&M Mis-Coded

FY-11 RN MIS-CODED
As of 12 Sep @ 0500
* Excludes T-CONS
Jul - Aug - Sep Refreshed

HCP_SPEC (All)
TYPE (Multiple Items)

DEPT	CLINIC_LOC	RN/LPN/TECH	SPEC_TYPE	EM_CODE	Month Jul-11	Aug-11	Sep-11	Grand Total
AMH_FAY	AMH FAYETTEVILLE OCS		(600) RN	99212		1		1
			(600) RN	99215		1		1
	AMH FAYETTEVILLE TM1		(600) RN	99215			1	1
AMH_FAY Total						2	1	3
AMH_HM	AMH HOPE MILLS TM1		(600) RN	99212			1	1
				99213	1			1
			(900) LPN/TECH	99213	1			1
			(900) LPN/TECH	99213		1		1
			(613) CM	99215		3		3
				99395		2	1	3
				99429	1	1		2
	AMH HOPE MILLS TM2		(900) LPN/TECH	99212	1			1
AMH_HM Total					4	7	2	13
CHC	CHC-TEAM DEVOTION		(600) RN	99395			1	1
	CHC-TEAM FREEDOM		(900) LPN/TECH	99395		1		1
	PEDIATRICS-CLARK		(600) RN	99212			1	1
				99394	1			1
CHC Total					1	1	2	4
DMM	CASE MANAGEMENT NON-GWOT		(613) CM	99213		3	1	4
				99214		11	15	26
				99215		4	1	5
			(613) CM	99255	12	20	4	36
				99429	1			1
DMM Total					13	38	21	72

- **Head RNs and Clinic Administrators notified of RN Mis-Coded Encounters.**
- **Coders, Staff and AHTLA Trainers support Staff Training and Coding Corrections**

Source: CHCS-ADM Encounter Detail Query

Units of Service Capture

CAPER Encounter Services Review BACK

Updated: 13 Jun 2011@2000

CLINIC/TEAM	(All)
MEPRS	(All)
HCP	(All)
STATUS	(Multiple Iten
APPT TYPE	(Multiple Iten Exclude RAD*

Units of Service are an RVU Multiplier for PBAM and PMRM
Review for Units that are Out of Range
Double Left Click in Grand Total Column Cell to display Encounter Detail and Patient ID for Review

				APPT MONTH						
CPT-1 DESC	**CPT-1**	**C1U**	**CPT1 Work RVU**	**Oct-10**	**Nov-10**	**Dec-10**	**Jan-11**	**Feb-11**	**Mar-11**	**Grand Total**
THERAPEUTIC EXERCISES (EACH 15 MINS)	97110	1	0.45	1,879	1,207	726	572	731	794	5,909
		2	0.45	543	757	977	817	1,187	1,508	5,789
		3	0.45	566	663	865	698	954	1,256	5,002
		30	0.45			1				1
		4	0.45	115	219	237	178	232	310	1,291
		5	0.45	1	5	7	3	2	1	19
		6	0.45	1	2	1	2			6
		7	0.45	1						1
PT RE-EVALUATION	97002	1	0.6	834	964	904	987	966	1,100	5,755
		2	0.6		1	1	1	1		4
PT EVALUATION	97001	1	1.2	769	859	750	835	777	895	4,885
		2	1.2	1		1		2	3	7
		3	1.2	1	1	1		1	1	5
GROUP THERAPEUTIC PROCEDURES	97150	1	0.27	520	579	435	367	373	544	2,818
		2	0.27	6	60	15	20	76	78	255
		3	0.27	2	1	24	59	79	92	257
		4	0.27		27	87	49	51	28	242
MANUAL THERAPY (EACH 15 MINS)	97140	1	0.43	134	148	149	156	148	203	938
		2	0.43	4	9	8	9	12	18	60
		3	0.43	4		2	1	1	2	10
		4	0.43	1						1

Modifier -50 Review

CY 11 APV Modifier -50 Review

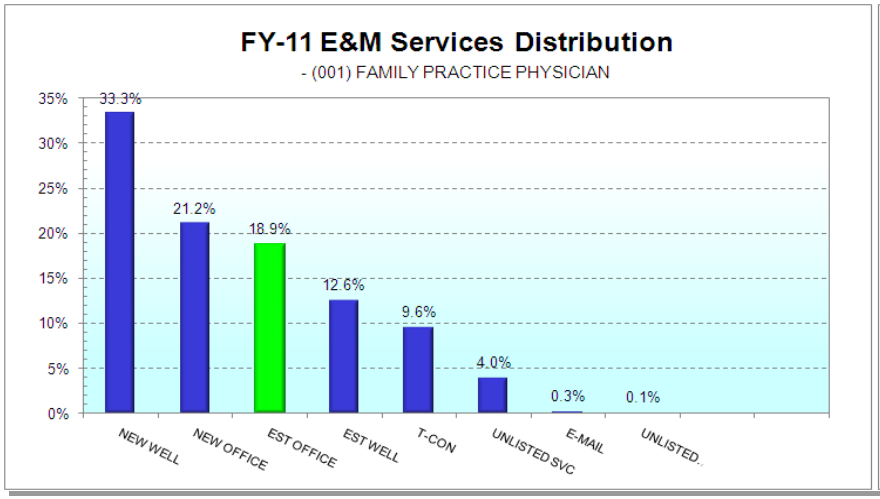
As of 12 Sep 11

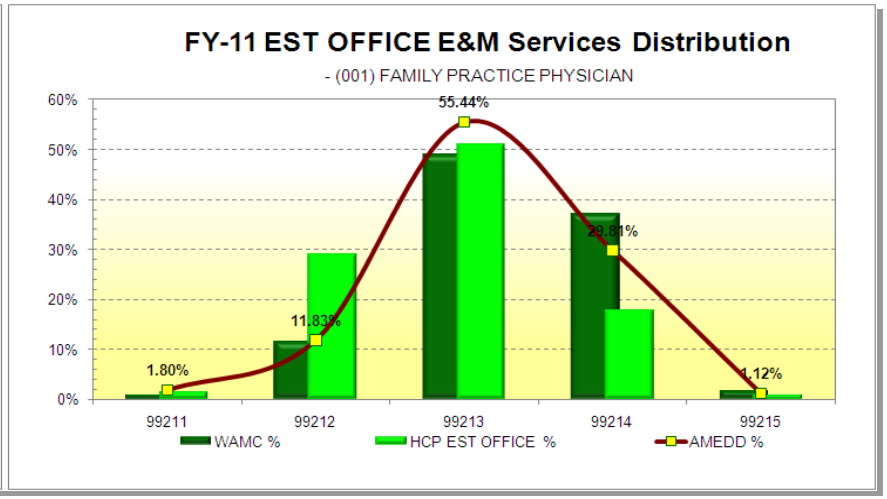
CLINIC/TEAM	(All)
HCP	(All)

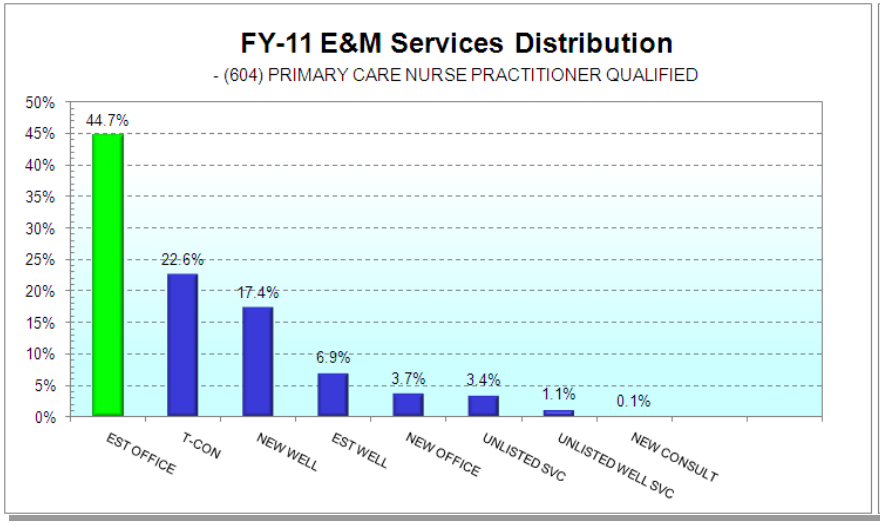
Count of A_IEN					C1M1			Non-Fac		
A_IEN	**C1**	**APPT DATE TI**	MEPRS	**C1U**	**50**	**DoD 60**	**W_RVU**	**PE-RVU**	**Total e-RVU**	**Bill Flag**
`22176700	21930	1/4/2011 7:30	BBA5	1	1	EXCIS,TUMOR,SOFT TISSUE OF BACK/FLANK,SUBCUT;LESS THAN	3.41	4.3	7.71	0
`22178772	49505	1/4/2011 6:05	BBA5	1	1	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS/OLDER; REDUCIBL	6.45	3.45	9.9	0
`22194556	11450	1/20/2011 7:30	BBA5	1	1	EXC SKN & SUBCUT TISS:HIDRADENITIS,AXILL;W SIMP/INTERMED F	2.29	3.83	6.12	0
`22217064	19304	2/3/2011 6:15	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22261597	49505	2/1/2011 7:15	BBA5	1	1	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS/OLDER; REDUCIBL	6.45	3.45	9.9	0
`22276699	27600	1/13/2011 6:05	BEA5	1	1	DECOMPRESS FASCIOTOMY,LEG; ANTERIOR &/ LAT COMPARTMEI	4.16	2.94	7.1	0
`22285655	49505	2/1/2011 6:15	BBA5	1	1	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS/OLDER; REDUCIBL	6.45	3.45	9.9	OHI
`22296332	19304	2/14/2011 6:15	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22316708	49650	1/27/2011 11:30	BBA5	1	1	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	5.15	2.96	8.11	0
`22318712	27892	1/27/2011 7:00	BEA5	1	1	DECOMP FASCIOT,LEG;ANT &/LAT COMPART,DEBRIDE NONVIA MU	5.48	3.75	9.23	0
`22327982	12032	2/11/2011 8:00	BBA5	1	1	REP,INTERMED,WNDS SCALP,AXILLAE,TRNK &/EXTRM;2.6 CM - 7.5	2.02	3.98	6	0
`22355851	19304	2/22/2011 7:00	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22358785	49650	2/24/2011 6:15	BBA5	1	1	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	5.15	2.96	8.11	OHI
`22358934	19304	2/14/2011 7:30	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22368377	49585	2/22/2011 10:00	BBA5	1	1	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	5.34	3.09	8.43	0
`22383008	19304	2/22/2011 7:00	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22397239	19304	3/1/2011 9:00	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22406660	49505	2/22/2011 8:00	BBA5	1	1	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS/OLDER; REDUCIBL	6.45	3.45	9.9	0
`22413984	49650	3/7/2011 7:30	BBA5	1	1	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	5.15	2.96	8.11	0
`22418647	27892	2/9/2011 8:00	BEA5	1	1	DECOMP FASCIOT,LEG;ANT &/LAT COMPART,DEBRIDE NONVIA MU	5.48	3.75	9.23	0
`22434756	49505	3/14/2011 10:00	BBA5	1	1	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS/OLDER; REDUCIBL	6.45	3.45	9.9	0
`22444262	19304	3/11/2011 6:00	BBA5	1	1	MASTECTOMY, SUBCUTANEOUS	5.64	3.78	9.42	0
`22448810	49650	3/17/2011 10:30	BBA5	1	1	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	5.15	2.96	8.11	0

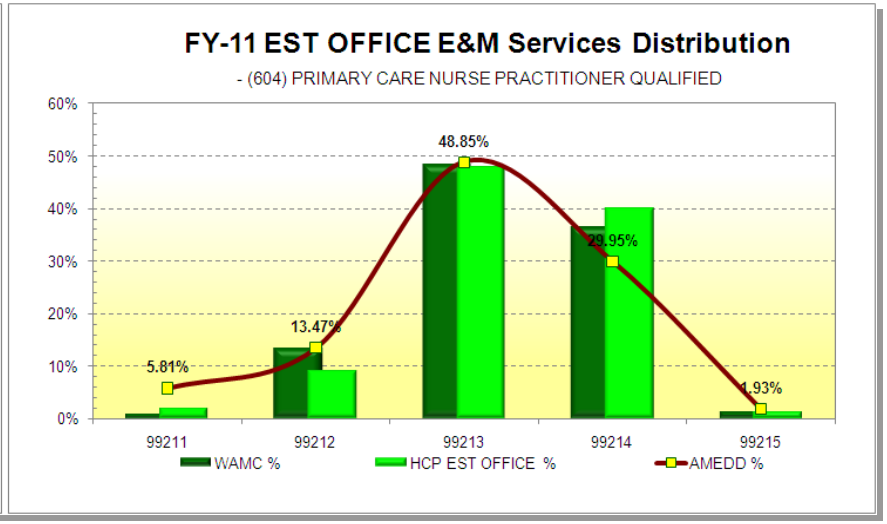
Billable Encounters with Modifier -50
vs
Enhanced RVU Calculations that only include the Unit of Service

Benchmark Comparison









CPT Services Index

FY-11 CPT/HCPCS Index (ODBC)

As of 7 Sep 11 (Completed Encounters)
 # CPT Procedures (Not # Encounters)
FY11 PBAM Rate: $37.43/Work RVU
FY11 PBAM Rate: $34.62/Practice Expense RVU

Sorted Descending by **Grand Total**

NOTES

Simple RVU is calculated based on the 1st four CPT Codes and one E&M CPT Code * MHS Provider Work RVU

FY11 Enhanced Work & Practice Expense RVU uses the RVU per CPT Code * Units of Service

Select INPT/IBWA as the Department to view Inpt Procedures
NOTE: Only 80% of Total INPT/IBWA RNDS* Encounters are coded as complete

DEPT	DOM
HCP	(All)
MONTH	(All)
FCC TYPE	B - OUTPT
HCP_SIG	1

1 = RN & LPN/Tech

Sum of A_IEN Total

CPT	CPT DESC	W_RVU (MHS CY-10)	PE_RVU (MHS CY-10)	CPT POS: CPT-1	CPT-2	CPT-3	CPT-4	Grand Total
90471	IMMUNIZATION ADMIN;1 VACCINE (1/COMBINATION VACCINE/TOXOID)	0.17	0.41	1,407	965	92	35	2,499
90658	FLU VIRUS VACC,SPLIT VIR, WHEN ADMIN 3+YRS AGE,INTRAMUSC USE	0.00	0.32	399	912	10	8	1,329
95117	ALLERGEN IMMUNOTHERAPY,NOT INCL PROV EXTRACTS;2/+ INJECTIONS	0.00	0.33	920	206	5		1,131
93005	ECG WITH AT LEAST 12 LEADS TRACING ONLY W/O INTERP & REPORT	0.00	0.29	888				888
95115	ALLERGEN IMMUNOTHERAPY, W/O EXTRACT; SINGLE INJECTION	0.00	0.27	685	140	6		831
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	0.07	0.54	346	365	3		714
97110	THERAPEUTIC PROC,1+ AREAS,EACH 15 MIN;THERAPEUTIC EXERCISES	0.45	0.33	224	399	31	3	657
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH) PER 10 UNITS	0.00	0.01	1	449	29	152	631
97112	THER PROC,1/+ AREA,EA 15 MN;NEUROMUSC RE-EDUC MOVE,BAL,COORD	0.45	0.36	427	81	6		514
96413	CHEMOTX ADMIN, IV INFUS TECHN; UP 1 HR, 1/INIT SUBSTANCE/DRG	0.28	3.57	505	7			512
86580	SKIN TEST, TUBERCULOSIS, INTRADERMAL (I)	0.00	0.18	470	4	18	2	494
93225	WEARABLE ELECROCARDIOGRAPHIC MONITOR FOR 24 HOURS; RECORDING	0.00	0.85	394				394
96523	IRRIGATION, IMPLANTED VENOUS ACCESS DEVICE, DRUG DLVRY SYSTS	0.04	0.63	355				355
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	0.08	0.05	235	2			237
90472	IMMUNIZATION ADMINISTRATION; EACH ADDITIONAL VACCINE	0.15	0.14	12	18	69	121	220
90715	TET,DIPHTH TOX & ACELL PERTUSS VACC,ADMIN IND >=7YR,IM USE	0.00	0.92	106	65	23	20	214
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	0.00	4.89	84	111	10	9	214
96415	CHEMOTX ADMIN,IV INFUS TECHN;EA ADD HR(LST SEP ADD CD,1 PROC	0.19	0.64		199	1		200

DQ Summary

- **Identify your "TOP" DQ Areas to focus on the "Margin of Difference":**
  - Units of Service for Time-Based/Unit-Based Services
  - RN and LPN/Tech Encounter Transfers (FY-11 & FY-12)
  - New vs Established Encounter Coding
  - Encounters closed with Administrative ICD-9 Dx
  - Encounters closed with a Placeholder "99499" E&M Code and No CPT Coded services
  - Coding Audit Results Feedback
  - Encounter Completion Compliance

Questions?